

removed both drums were found to be perforated, and discharged from the internal ears. Both Eustachian tubes were free, as bubbles of fluid could be seen escaping through the ears when air was forced through the tubes. Hearing improved and the tinnitus diminished, the hallucinations became less, also the disposition to keep in motion either in the right circular direction or otherwise, as the disease in the ears improved. Without further details of the case it is satisfactory to state that this man returned home in four months recovered from his insanity and his aural disease. It is more than probable that the hallucinations only were removed and the insanity still remains.

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**Melancholia from Paranoia.** Dr. KIERNAN (*American Lancet* January, 1886,) cites the following case: "In melancholia, stuporous insanity, and in certain phases of depression which mark other psychoses the cerebral disease seems (to use Clouston's words) to exert an inhibitory action on cardio-motor innervation, causing the pulse to be small, the arterial tone low, and the capillary circulation very weak indeed, and in many cases there are very decided thoracic symptoms accompanied by mental distress resembling attacks of suffocation, accompanied by precordial fright as it has been termed. For these reasons quebracho would seem to be indicated in melancholia and the psychoses mentioned. While aware of the theoretical basis for the use of quebracho in the psychoses named my attention was especially attracted to a case of what seemed to be melancholia with the facies, capillary circulation, and emotional depression well marked. The patient, a woman, had phthisis, and had been deserted by her husband. She ran down rapidly and at one time seemed almost moribund from dyspnœa. To relieve this, quebracho in half-drachm doses every two hours was given, with very beneficial results not only on the dyspnœa, but also on the patient's mental condition. She seemed to markedly rally from her depression, and the facies and depression of melancholia disappeared, but an insanity of manner made its appearance, and it was found on careful investigation the patient had systematized delusions of grandeur for several years before being suspected of any mental disease, and that, therefore, the melancholia was a complication of a preëxisting paranoia which had not been suspected.

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#### THERAPEUTICS OF THE NERVOUS SYSTEM.

**Production of Sweat in Various Diseases and the Effects of Pilocarpine.** By E. DE RENZI. Quoted from *Gaz. Med. di Torino* in *Gaz. degli Ospitali*. 7 Marzo, 1886. No. 19. P. 149.

The author from clinical experimentations comes to the following conclusions :

1. The sweat after the subcutaneous injection of a centigram of pilocarpine appears not later than five to ten minutes in some part of the cutaneous surface, especially in the neck and breast.

2. When there exists a paralysis of the motor nerves of whatever origin, there is a lack or perceptible retardation of the appearance of perspiration in the skin corresponding to that region.

3. In three cases of ataxia the sweat was scanty, retarded, and was lacking in the parts affected with greatest intensity by the motor disorder.

4. In diabetes as can readily be conceived, on account of the dryness of the skin the sweat is small in amount, and ordinarily is lacking in the inferior extremities, especially in the feet.

5. In the intense prosopalgia the sweat is lacking in the face. In one patient it was possible to demonstrate that the sweat secretion was independent of the state of the cutaneous vessels. In fact, in spite of the extreme vascular dilatation and of the extreme reddening of the face after the injection of the pilocarpine, there was in this part of the body not a sign of perspiration.

6. Contrary to all preceding observations in which the secretion is diminished, the author cites two cases of unilateral pleuritis in which the sweat was without doubt greater on the affected side.

7. It is possible in the actual state of science to give a satisfactory explanation of these facts relative to the secretion of sweat. Alterations of the cerebral motor nerves, spinal and peripheric branches, either through paralysis or ataxia, produces always a diminution of the sweat; the neuralgic process in the trigeminal arrests also the secretion in the face. An irritative process, such as results probably from a pleuritis on the intercostal veins, favors greatly a secretion of the sweat; hence it may be said that the sweat secretion depends upon the nervous system, and is independent of the dilatation or constriction of the vessels, and is produced by the direct action of a fibre acting on the secreting cell.

The principal centre and point of origin of this fibre is in the spinal medulla, and also from the brain.

8. The author gives the result of the injections of pilocarpine in the blood, the sphygmograph showing in five minutes that the ascending line becomes higher, reaching its maximum intensity in fifteen to twenty minutes. After forty minutes it returns to the same height as before the drug was given. Maximum intensity of the drug is in fifteen minutes; an increased diastole and increased number of the pulsations also take place.

GRACE PECKHAM.